



Registration Form

Edinburgh Level 2 Cardiac CT Course

Date: 23rd - 27th April 2012 08:30 - 5:00pm

Venue: Wellcome Trust Clinical Research Facility, Western General Hospital, Edinburgh

PLEASE E-MAIL OR PHONE TO CHECK IF PLACES ARE AVAILABLE BEFORE SENDING THIS FORM

Please type or print clearly in block capitals

Title (Dr/Mr/Mrs/Ms/Miss)	
First Name	
Last Name	
Current Post	
Department	
Organisation	
Work Address	
Telephone Number (work and Mobile)	
E-mail	
Dietary Requirements	

PAYMENT (please tick)

£2200 Consultants, £1600 Trainees

- Pay on-line by debit or credit card at <https://www.epay.ed.ac.uk/events/>
- Send a cheque made payable to "The University of Edinburgh"
- Pay by UoE Electronic Internal Transfer (EIT)
- Invoice: In receipt of a purchase order

NB. Cancellations after 9th April 2012 will result in the loss of your fee, substitute delegates will be accepted.

Please register by 9th April 2012

Please e-mail or send this form with payment back to:
Sharon Douglas, Education Programme, Wellcome Trust Clinical Research Facility,
Western General Hospital, Edinburgh, EH4 2XU.
Tel: 0131 537 3355, Fax: 0131 537 3361, E-mail: [wtcrf.education@ed.ac.uk](mailto:wtcraf.education@ed.ac.uk)